FUTURE MANAGEMENT OF THE BLOOD TRANSFUSION SERVICE IN SCOTLAND

This paper sets out, as a basis for discussion, the concensus views of Scottish Transfusion Directors on the future management of the Blood Transfusion Service in Scotland. It is written in response to a request by SHHD.

BACKGROUND

- 2. On 1 April 1974, in accordance with section 19(3) of the National Health Service (Scotland) Act 1972, the Management Committee of the Common Services Agency (CSA) assumed from the Scottish National Blood Transfusion Association (SNBTA) responsibility for the blood transfusion service in Scotland (BTS). Negotiations for the transfer had been conducted between the Scottish Home and Health Department (SHHD) and the Executive Committee of SNBTA and in January 1974 Directors began to be concerned at the lack of information available to them about the CSA and how it would operate; the only documents at that time were circular HSR(72)C2 describing the "likely form and functions of the Agency" and the three short paragraphs in HSR(73)C40 headed "reorganisation".
- The Directors' disquiet over the lack of concrete information was communicated to the Secretary of the SNBTA by letter on 16 January 1974. It was repeated at meetings held in January, February and March 1974 with senior officers of SHHD. Basically the Directors were concerned that the lack of detail rendered circular HSR(73)C40 unacceptable as a formula for transfer to the CSA. They also called into question the choice of the Agency as the organisation best suited to undertake the management of the BTS in Scotland.

THE POSITION IN 1976

- The fears expressed during these meetings have unfortunately been realised. The Management Committee does not have within, or available to, it, such independent specialist and other advice as was available within its predecessor, the Executive Committee of SNBTA. The lack of expertise and user involvement is considered by the Transfusion

 Directors to be a retrograde step in the management of the service.
 - 5. For some years before 1974 it had been planned that a small BTS Head-. quarters should take over the duties of the part-time officers of SNBTA and the medical secretary and administrative officer provided by SHHD. In the event the headquarters was not established until early 1974 at the time of transfer to GSA, when a GSA headquarters office was also established, apparently to undertake on behalf of CSA Divisions duties hitherto carried out within the Divisions them-The resultant duplication of effort, made worse by the selves. recruitment of inexperienced staff to CSA headquarters, has been expensive, unrewarding to all concerned and obstructive to effective management. The Transfusion Directors are now in no doubt that the appropriate place for BTS central administration is its own headquarters aided by financial and management accounting and internal This arrangement would be cost-effective (1). audit. be no question that the interposing the CSA Headquarters as a tier between the Directors of CSA Divisions and the Management Committee to which the Directors are accountable has been most unfortunate.

During a meeting held on 31 January 1974 (the first of the series mentioned in paragraph 3 above) Mr. E.U.E. Elliott-Binns stated that there would be nothing to prevent BTS transferring to Health Boards or elsewhere at a later date should this prove desirable and it is noted that section 19(6) of the NHS (Scotland) Act 1972 provides for this:

"The Secretary of State may by order withdraw from the Agency any function delegated or referred to it under this section".

After 2½ years' experience and following very careful consideration it is the concensus view of the Transfusion Directors that BTS should be administered as a national service and that its nature renders it unsuited to management by a committee composed entirely of Health Board members and officers and officials of SHHD within the framework of CSA.

PROPOSAL FOR THE FUTURE

7. It is therefore suggested that the service should transfer to a Management Committee responsible to the Secretary of State and having the following membership.

Chairman, appointed by S of S.	1		
Transfusion Service National Medical Director	1		
Transfusion Directors	6		
Donor interest	1		
User interest (S of S nominee)			
Health Board interest (S of S nominee)			
SHHD Observers (Medical, Executive and Finance)	3		

The Secretary to the Committee should be the National Administrator of the BTS.

The Committee would assume the executive authority presently exercised by CSA Management Committee and there would be no further need for the present Co-ordinating Group of Transfusion Directors. The Secretary of State would continue to receive advice from the Blood Transfusion Advisory Group to the Planning Council.

8. It is submitted that the service could be effectively run through the committee described above using the existing Transfusion Service headquarters and with assistance with financial and management accounting and internal audit.

As explained in paragraph 1 above this paper is offered as a draft for discussion. It is presented with the interest of the Transfusion Service in mind and Directors will be grateful for the opportunity to amplify the proposals and the reasons behind them.

(1) Comparative salary costs (1976 levels) of central administration.

1974		1976	? 1977
Ē		-£-	£
Part-time	BTS	31,000	31,000
officers 31,900	CSA*	30,500	Finance: 8,500
31,900		61,500	39,500

^{*} proportion attributable to BTS (CSA Treasurer's figure)